EXHIBIT C

	PRO	OOF OF CLA	AIM		
Name of Debtor	Case Number				
U S A COMMERCIAL MORTGAGE COMPANY		0725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you a aware that anyone else filed a proof of claim re	has lating to		
Name of Creditor and Address LOUISE TEETER IRA ROLLOVER 4201 VIA MARINA, STE 300 MARINA DEZ REY, CA 90292-52 Creditor Telephone Number \$100,823-2234	-37	your claim. Attach cop statement giving partic Check box if you in never received any not from the benirruptcy co BMC Group in this cas Check box if this a differs from the addres envelope sent to you b court.	ulers. heve lices ourt or e address s on the	SECURED INTER ONE OF THE DE If you have ain Bankruptcy Court	IS PROOF OF CLAIM FOR A IEST IN A BORROWER THAT IS NOT BTORS Bedy filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor				E 13 FOR COOK! USE ONE!
3307		Check here if this claim	replace or amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree l	penefits as defined in	11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Taxes		salaries, and compen r digits of your SS #	sation (f	iil out below)	Other claims against service (not for losn belences)
Money loaned Other (describe briefly) See Exhibit A		compensation for serv	ices per	formed from	(date) (date)
2 DATE DEBT WAS INCURRED /2/16/2002	3 IF C	OURT JUDGMENT, I	DATE O	BTAINED	(oese) (oese)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descr	ibe your claim and state	the amou	int of the claim at t	he time case filed
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ 449.261, 59		SECURED CLA	MM		
Check this box if: a) there is no collateral or ilen securing your claim or b) exceeds the value of the property securing it, or if c) none or only part of yo	your claim or claim is	Check this la right of se		ur claim is secur	ed by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief descri	ption of	collateral	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Es		Motor Vehicle UNKN	
Amount entitled to priority \$		Amount of arres	rage an		at time case filed included in
Specify the priority of the claim. Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_				
Wages salaries or commissions (up to \$10 000)* earned within 180 days	_ _	services for personal,	family o	r household use -1	• • • • • • • • • • • • • • • • • • • •
business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>] Taxes or penalties ow] Other Specify applic	_		11 U S C § 507(a)(8).
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u> </u>				od every 3 years thereafter
T TOTAL ANGUNT OF GLAND.		with respect to cases			
5 TOTAL AMOUNT OF CLAIM \$ 449 261, 59 \$ (unsecured)	449,2	26/179 \$ _ necured)		(priority)	\$ 449,261.59 (Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim. A	ttach iter	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts contracts court judgments, mortgages, security a DOCUMENTS If the documents are not available explain. If the d	ments, su	ich as promissory not s and evidence of pe	es purc	hase orders invention DO NO	oices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a s	stamped	self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c	, prevailin	a Pacific time, on N	ovembe	r 13. 2006	THIS SPACE FOR COURT USE ONLY
governmental units)	•			<u>t</u>	TED LAN 4 A ATT
BMC Group	BMC Gro	OR OVERNIGHT DELIV up	ERY TO	' '	ILED JAN 1 2 200:
Attn USACM Claims Docketing Center P O Box 911	Attn USA	CM Claims Docketing			
El Segundo CA 90245-0911	El Segund	t Franklin Avenue do CA 90245			
DATE/ SIGN and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or	other person authorized	to file		
1/12/2007 LOUISE TEETER ICA	Rock	LOVER -)a	ta- 1	USA CMC

	Case	! Ub-10725-0WZ	3 En	lered 06/24/11 16:1	4'25 Pau	<u>e 3 0LLL </u>
		S BANKRUPTCY COURT RICT OF NEVADA		OOF OF CLAIM		
Na	me of Debtor		Case Number			
) 	USA Commercial N	lortgage Company	06-107	725-LBR		
This aris	s form should not be used ing after the commencer	t of Debtors and Case Numbers d to make a claim for an administrative exp nent of the case A "request" for payment of be filed pursuant to 11 USC § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Na	BRECHT M 640 COLON FULLERTON	11321242034050 ARSHAL TRUST DATED 2/ IAL CIRCLE N CA 92835	5/36	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DEBTORS YOU I OF CLAIM THIS BORROWER HE DO NOT FILE TH	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Cre	アルシナモ	611) 992-2779		Check box if this address differs from the address on the envelope sent to you by the court	If you have air Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
		other number by which creditor identifies	debtor	Check here repla	ces	El-d-ld-t-d
				ıf thıs claım amer		filed claim dated
_	BASIS FOR CLAIM Goods sold		Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Services performed	Personal injury/wrongful death	1	salaries, and compensation ((fill out below)	Other claims against service (not for loan balances)
1	Money loaned	Other (describe briefly)		r digits of your SS#		,
-	1 Money loaned	SEE EXHIBIT A	Unpaid d	compensation for services pe	errormed from	(date) to (date)
2 E	ATE DEBT WAS INCUF	RRED NOV 11 200 Z	3 IF C	OURT JUDGMENT, DATE C	DBTAINED	(date)
	LASSIFICATION OF CL see reverse side for importan	AIM Check the appropriate box or boxes that	t best descr	ibe your claim and state the amo	ount of the claim at t	the time case filed
		TY CLAIM \$ 1,709,011		SECURED CLAIM		
V	Check this box if a) there	is no collateral or lien securing your claim or b) roperty securing it or if c) none or only part of your	your claim our claim is	a right of setoff)		red by collateral (including
UN	SECURED PRIORITY CI	LAIM		Brief description of Real Estate		e 🔲 Other
	Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral	_	
	Amount entitled to priority	\$			UNE	<u>at time case filed</u> included in
	Specify the priority of the c	elaım		secured claim, if any	\$ <u>25,30</u>	s included in
	Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
	before filma of the bankrup	issions (up to \$10 000)* earned within 180 days otcy petition or cessation of the debtor's	·	services for personal family of Taxes or penalties owed to go		
	business whichever is ear	fler - 11 U S C § 507(a)(4)		Other Specify applicable part		
	Contributions to an employ	yee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju	stment on 4/1/07 ar	nd every 3 years thereafter
5 T	OTAL AMOUNT OF CLA	AIM \$ 1,709,011 \$	1,709,	with respect to cases commer	ncea on or atter the	
'	AT TIME CASE FILED	(unsecured)	•	secured)	(priority)	\$ <u> </u>
	Check this box if claim inc	ludes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mized statement of	of all interest or additional charges
7 5	SUPPORTING DOCUITION TUDING ACCOUNTS CONTRACT DOCUMENTS If the documents of the documents	of all payments on this claim has been cred MENTS Attach copies of supporting docu- cts court judgments, mortgages security a cuments are not available, explain If the co Y To receive an acknowledgment of the	<i><u>uments,</u> su</i> agreement documents	uch as promissory notes pure s and evidence of perfection are voluminous, attach a sui	chase orders, inv of lien DO NO mmary	oices, itemized statements of T SEND ORIGINAL
4	ACCEPTED) so that it is for each person or entit	npleted proof of claim form must be sen s actually received on or before 5 00 pm ty (including individuals, partnerships, c	, prevailin	ig Pacific time, on Novemb	er 13. 2006	THIS SPACE FOR COURT USE ONLY
	governmental units) BY MAIL TO BMC Group BMC USACM Claims Doo BAC Boy 011	cketing Center	BMC Gro Attn USA	CM Claims Docketing Cente	F-11 F	D JAN 12 2007
	P O Box 911 El Segundo CA 90245-0	911		t Franklin Avenue do CA 90245		
DA ⁻	TE //0/07	SIGN and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or ney if any)		, Trustee	USA CMC
		Ta-3767	- 13	-		

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			
			YOUR CLA	IM IS SCHEDULED AS
Name of Debtor	Case Nu	ımber	Schedule/Claim ID	s31043
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classificati	
			\$145 99 Unsecured	d
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>	[F4	1	
This form should not be used to make a claim for an administrative expansing after the commencement of the case A request for payment		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	OI all	filed a proof of claim relating to your claim Attach copy of	The amounts reflect	ted above constitute your claim as
Name of Creditor and Address		statement giving particulars	scheduled by the De	ebtor or pursuant to a filed claim If amounts set forth herein and have no
113212400			other claim against t	the Debtor you do not need to file
CHESTER R MCDOWELL 2715 E AVENUE Q # 6 2 7/5 Eart Grenue	06	never received any notices from the bankruptcy court or	· ·	XCEPT as stated below own above are listed as Contingent,
CHESTER R MCDOWELL 2715 E AVENUE Q # 6 2 715 East Grenue PALMDALE CA 93550 4147 Total Just Q 6 Creditor Tolophone Number ()	7	BMC Group in this case	Unliquidated or Dis	sputed, a proof of claim must be
1 1 4 /		Check box if this address	filed	dufiled a proof of claum with the
not 46 just 60		differs from the address on the envelope sent to you by the		ady filed a proof of claim with the or BMC you do not need to file again
Creditor relephone Number ()		court	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace or amer	a previously t	filed claim dated
1 BASIS FOR CLAIM	Petiron I	benefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death		salaries, and compensation (Other claims against service
Services performed Taxes		r digits of your SS #	(iiii out below)	(not for loan balances)
Money loaned		compensation for services pe	rformed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE C		A
See reverse side for important explanations	Dest descri	-	nt or the claim at the	time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	our claim is soour	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your	our claim r claim is	a right of setoff)	our claim is secure	ed by collateral (including
entitled to priority	i oidiiii is	Brief description of	collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	☐ Other
entitled to pnority		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits towa	rd purchase lease of	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Г	services for personal family of Taxes or penalties owed to gove		• (//,/
business whichever is earlier 11 U S C § 507(a)(4)		Other Specify applicable para		
Contributions to an employee benefit plan 11 USC § 507(a)(5)		* Amounts are subject to adjus with respect to cases commend	tment on 4/1/07 and	every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 527702.18 \$ AT TIME CASE FILED		\$		_ \$
(unsecured)	•	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the				-
6 CREDITS The amount of all payments on this claim has been cred	dited and	deducted for the purpose of r	naking this proof o	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts court judgments, mortgages, security a	<i>iments</i> , su aareemen	ich as promissory notes pure ts and evidence of perfection	chase orders invo	ices itemized statements of TISEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the d	locuments	s are voluminous attach a su	mmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	, prevailii	ng Pacific time, on Novemb	er 13. 2006	THIS SPACE FOR COURT USE ONLY
governmental units)	-		nu	
BMC Group	BMC Gro			
		CM Claims Docketing Cente t Franklin Avenue	' FILAT	OCT 16 2006
El Segundo, CA 90245 0911	El Seguno	do CA 90245	• 15	च ध्वरण्यक्र ॰ प्रच स्य क्षेत्र केर्र केर्
SIGN and print the name and title if any of the this claips (axtach copy of power of attorned)	creditor or	other person authorized to file		LISA CAAC
10-11-06 (hester Mc)	Vous	rell		USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	for up to 5	vears or both 18 U.S.C. 88 150	2 AND 3571	1072500604

FORM B10 (Official Form 10) (10/05)

TI CONTROL CON		
United Stales Bankruptcy Court	District Of Nevada	PROOF OF CLAIM
Name of Duhlor USA COVERERUAL	Case Number	THOO! OF CEARIN
MORTGAGE CONTRANY	06-10725 -LBR	
		- 1
NOTH This form should not be used to make a claim for an admini		1
of the case. A request for payment of an administrative expense ma	y be filed pursuant to 11 USC § 503	
Name of Conditor (The name of other option to whom the	Check box if you are aware that anyone	- 1
Name of Creditor (The person or other entity to whom the debtor owes money or property) GARY I. I BARBARA L. BALLER TRUSTERS OF THE GARIT. I BARBARA L. MILLER TRUSTERS	else has filed a proof of claim relating to	
L. MILLER TRUSTEE OF THE GARYT	your claim Attach copy of statement	
+ BARBARA COMILLER TRUST HATES	giving particulars	i
8-13-87	Check box if you have never received any	
Name and address where notices should be sent	notices from the bankruptcy court in this	
しょのうつ ディイル ベータリガ	case.	
LOS HAGRIES CALIF 90064	Check box if the address differs from the	
Telephone number 316 4797447	address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here replaces	
identifies debtor	if this claim amends a previously fil	ed claim dated
TOURIST WOOD		
1 Basis for Claim	Retiree benefits as defined in	
Goods sold	Wages salaries and compens	
Services performed	Last four digits of your SS #	
Money loaned	Unpaid compensation for ser	vices performed
Personal injury/wrongful death	from	to
Taxes SBB BXHIBIT 14	(date)	(date)
Other		
2. Date debt was incurred	3 If court judgment, date obtaine	d
2. Date debt was incurred MAMCH ZOO,	/	
4 Classification of Claim Check the appropriate box or boxes the	hat best describe your claim and state the amoun	t of the claim at the time case filed
See reverse side for important explanations	Secured Clare	
Unsecured Nonpriority Claim \$ 555,683000		
Check this box if a) there is no collateral or lien securing you		is secured by collateral (including
b) your claim exceeds the value of the property securing it or if c)	aright of setoff)	
only part of your claim is entitled to priority	Brief Description of Collate	ral
Unsecured Priority Claim	Real Estate Motor	Vehicle Other
	Value of Collateral \$41	NKNOWN
Check this box if you have an unsecured claim all or part of entitled to priority	wnich is	
entities to priority	Amount of arrearage and other chi	arges at time case filed included in
Amount entitled to priority \$	secured claim if any \$	
Specify the priority of the claim	Up to \$2 225* of deposits toward p	urchase lease or rental of property
	or correspon for personal family or h	
Domestic support obligations under 11 USC § 507(a)(1)(A)	or § 507(a)(7)	
(a)(1)(B)	Taxes or penalties owed to governm	ental units - 11 U S C § 507(a)(8)
Wages salaries or commissions (up to \$10 000),* earned with	in 180 Other - Specify applicable paragrap	h of 11 USC \$ 507(a)()
Wages salaries or commissions (up to \$10 000),* earned with days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 U S C § 507(a)(4)	*Amounts are subject to adjustment on 4	
i 🗂	with respect to cases commenced or	or after the date of adjustment
☐ Contributions to an employee benefit plan - 11 USC \ 507(a)(5)	
5 Total Amount of Claim at Time Case Filed	8.55.5 683. #555, 683.	
	(unsettued) (secured)	(priority) /(Total)
Check this box if claim includes interest or other charges in act interest or additional charges	aution to the principal amount of the claim. Att	acn itemized statement of all
	n amulated and dedicated for the accessor of	D •
and an early mand on the country had been	in created and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim		
7 Supporting Documents Attach copies of supporting docum		
orders invoices itemized statements of running accounts cont		
agreements and evidence of perfection of lien DO NOT SE		
documents are not available, explain If the documents are vol	•	
8. Date-Stamped Copy To receive an acknowledgment of the	filing of your claim, enclose a stamped, self-	FILED JAN 1 1 21
addressed envelope and copy of this proof of claim		LILLO DULLE
Date Sign and print the name and title if any, of	the creditor or other person authorized to	
file this claim (attach copy of power of att	omey it any)	
1 The 1 Min	(Z)	
110/1/1000	THUSTER	USA CMC

- Gase:00-10725-gwz	PRO	OF OF CLAIM	14.25 Pay	20011
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	/25-LBR		
NOTE See Reverse for List of Debtors and Case No This form should not be used to make a claim for an arising after the commencement of the case. A "requadministrative expense may be filed pursuant to 11 to	administrative expense lest" for payment of an	Check box if you are aware that anyone else has filed a proof of claim relating		OWED MONEY BY A BORROWER
Name of Creditor and Address MONIGHETTI PETE 6515 FRANKIE LANE PRUNEDALE CA 93907 Creditor Telephone Number ()	11321242037456	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court.	DEBTORS YOU DO OF CLAIM THIS I BORROWER HELI DO NOT FILE THIS SECURED INTERIONE OF THE DEB If you have alrea Bankruptcy Court of	BEING SERVICED BY THE O NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT ITORS ady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which	creditor identifies debtor			TOTOK GOOK! GOE CHE!
		Check here replace or if this claim amen	a previously 1	filed claim dated
1 BASIS FOR CLAIM		penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wro	☐ wages,	salanes and compensation (f	ill out below)	Other claims against services (not for loan balances)
Money loaned Other (describe br	- ·	digits of your SS #	formed from	to
		ompondation for activious per		(date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropri See reverse side for important explanations	ate box or boxes that best descr	be your claim and state the amou	unt of the claim at th	e time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing exceeds the value of the property securing it or if c) in entitled to priority.		a right of setoff) Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate	_	☐ Other
Check this box if you have an unsecured claim all or pentitled to priority	part of which is	Value of Collateral	T MOOD ABUICIE	Cirlei
Amount entitled to priority \$			od other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any		at time case med included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(8)	Up to \$2 225" of deposits toward	ird purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* ea before filing of the bankruptcy petition or cessation of	med within 180 days	services for personal family o		• • • • • • • • • • • • • • • • • • • •
business whichever is earlier 11 U.S.C. § 507(a)(4)	The deplots	Taxes or penalties owed to go Other Specify applicable para		• ',', '
Contributions to an employee benefit plan 11 U S C	§ 507(a)(5)	* Amounts are subject to adjus	stment on 4/1/07 and	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$	¢	with respect to cases commen	ced on or after the o	
AT TIME CASE FILED (unsec	•	, 963,5-3- \$secured)	(priority)	\$ 1,509,96355 (Total)
Check this box if claim includes interest or other chair	· ·		**	` '
6 CREDITS The amount of all payments on this of SUPPORTING DOCUMENTS Attach copies running accounts contracts, court judgments mode DOCUMENTS If the documents are not available BATE-STAMPED COPY To receive an acknown proof of claim	of supporting documents, surgages security agreement e explain If the documents	ch as promissory notes pure s and evidence of perfection are voluminous attach a sur	hase orders invo of lien DO NOT nmary	oices itemized statements of SEND ORIGINAL
The original of this completed proof of claim f ACCEPTED) so that it is actually received on of for each person or entity (including individuals	or before 5 00 pm, prevailin	ig Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	. }	FILED
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	1330 Eas	CM Claims Docketing Center t Franklin Avenue do CA 90245	}	NOV 10 2006
DATE SIGN and print the name	and title if any of the creditor of			USA CMC
118 Class Claim (attach co	opy of power of attorney if any)			1072501208

	Case	Ub-117725-gWZ	PRO	OF OF CLAIM	:4.23 Pdy 	C / OI II
No	me of Debtor	kantan separat sebagai ing Pangalan di Pangalan Santan Santan Santan Santan Santan Santan Santan Santan Santan Pangalan sebagai sebagai santan S	Case Nu	mber	1	
1		ndana Carran				
	USA Commercial Mo	ortgage Company	00-10	725-LBR	RFCT	SEP 2 5 2006
This	s form should not be used to ing after the commenceme	of Debtors and Case Numbers to make a claim for an administrative exp ent of the case A "request" for payment e filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	IF YOU ARE ONL	Y OWED MONEY BY A BORROWER
Name of Creditor and Address MULLIN ELAINE 3115 MERRILL DR #37 TORRANCE CA 90503		to your claim Attach copy or statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court				
	The state of the s) 310/533-1939		Court	THIS SPACE	E IS FOR COURT USE ONLY
Las	t four digits of account or c	other number by which creditor identifies 7	debtor	Check here replain or if this claim amer	 a previously 	filed claim dated
1 E	BASIS FOR CLAIM		Retiree	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Goods sold	Personal injury/wrongful death		salaries and compensation (Other claims against servicer
	Services performed	Taxes	4	r digits of your SS #		(not for loan balances)
zkk	Money loaned	Other (describe briefly)	Unpaid	compensation for services pe	erformed from	to (date) (date)
2 [DATE DEBT WAS INCURF	RED	3 IF C	OURT JUDGMENT, DATE O	DBTAINED	
		Check the appropriate box or boxes that	t best desci	ibe your claim and state the amo	ount of the claim at th	ne time case filed
1	See reverse side for important			SECURED CLAIM		
	SECURED NONPRIORIT Check this box if a) there is exceeds the value of the pro- entitled to priority	no collateral or lien securing your claim or b) operty securing it or if c) none or only part of you) your claim our claim is	Check this box if your aright of setoff) Brief description of		ed by collateral (including
UN	SECURED PRIORITY CLA	AIM				П оње
	_	in unsecured claim all or part of which is		XXX Real Estate		
	entitled to priority			Value of Collateral		,000.00
	Amount entitled to priority	\$		Amount of arrearage as secured claim if any	nd other charges	at time case filed included in
	Specify the priority of the cla	aim s under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	 			
	Wages salaries or commis	sions (up to \$10 000)* earned within 180 days	L.,	Up to \$2 225* of deposits toward services for personal family of		
	before filing of the bankrupto business whichever is earlie	cy petition or cessation of the debtor's		Taxes or penalties owed to go		• ,,,,,
		e benefit plan 11 U S C § 507(a)(5)	<u></u>	Other - Specify applicable par	• .	• ,,,
				* Amounts are subject to adju- with respect to cases commer		
	TOTAL AMOUNT OF CLA AT TIME CASE FILED	IM \$ \$	220,0	00.00 \$		\$ 220,000.00
		(unsecured) ides interest or other charges in addition to t	•	secured) amount of the claim Attach ite	(pnority) emized statement o	(Total) f all interest or additional charges
7 :	SUPPORTING DOCUM running accounts, contract	fall payments on this claim has been cre IENTS Attach copies of supporting doc ts, court judgments, mortgages, security uments are not available, explain. If the Y To receive an acknowledgment of the	<i>uments,</i> s agreemen documents	uch as promissory notes, pur ts, and evidence of perfection s are voluminous, attach a sui	chase orders, inventor of lien DO NO mmary	oices, itemized statements of T SEND ORIGINAL
	ACCEPTED) so that it is for each person or entity governmental units) BY MAIL TO	pleted proof of claim form must be sen actually received on or before 5 00 pm (including individuals, partnerships,	n, prevaili corporatio	ng Pacıfic tıme, on Novemb	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY To led Date. 9/25/2006
	BMC Group	veting Center	BMC Gro	oup		
	Attn USACM Claims Dock P O Box 911 El Segundo CA 90245-09	•	1330 Eas	ACM Claims Docketing Cente st Franklin Avenue ido, CA 90245	3 1	9/25/2006
DA		SIGN and print the name and title if any of the this claim (attach copy of power of attor	he creditor o	or other person authorized to file		USA CMC
	-, 22,00	Clains Mullin	/ Elai	ne P Mullin		

United States Bankrupicy Court	District of Nevada	PROOF OF CLAIM
Name of Debtor	Case Number	1,001 OF OLAHVI
USA Commercial Mortgage Company]	
NOTF This form should not be used to make a claim for an administ of the case. A "request for payment of an administrative expense may	strative expense arising after the commencement by be filed pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) Aimpe E Keains, Trustee of the Murray Trust Name and address where notices should be sent	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this	
Aimee Kearns 5886 N Bonita Vista St Las Vegas, NV 89149 Telephone number 702-240-7162	case Check box if the address differs from the address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces If this claim amends a previously file	d claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 1 Wages salaries and compensa Last four digits of your SS # Unpaid compensation for servi fromt (datc)	tion (fill out below)
2. Date debt was incurred	3. If court judgment, date obtained	
Unsecured Nonpriority Claim \$ 364,717.94 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) ronly part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$	Amount of arrearage and other chargescured claim if any \$54518 Up to \$2 225* of deposits toward pure or services for personal family or hot \$507(a)(7) Taxes or penalties owed to government of \$400 or \$400	chase lease or rental of property usehold use - 11 U S C \$ 507(a)(8) of 11 U S C \$ 507(a)(2) /07 and every 3 years thereafter rafter the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$ 364,717 94 \$364,71794 (unsecured) (secured) (secured)	#364,717,94 priority) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges	fitton to the principal amount of the claim Attacl	h itemized statement of all
 6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents: Anach copies of supporting documents 		THIS SPACE IS FOR COURT USE ONLY
orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien. DO NOT SENI documents are not available explain. If the documents are volum. 8 Date-Stamped Copy. To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. Date. Sign and print the name and title, if any, of the fill this claim (attach copy of power of attority).	ncts court judgments, mortgages, security D ORIGINAL DOCUMENTS If the minous, attach a summary ling of your claim, enclose a stamped self-	FILED JAN 10
18/00 Amee Klains, Two		USA CMC

-	
DISTRICT OF NEVADA	OOF OF CLAIM
Name of Debtor Case Nu	umber
USA COMMERCIAL MORTGAGE OG COMPANY	-10725 - LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense ansing after the commencement of the case A 'request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address	statement giving particulars
DOMINIQUE NAYLON, AN UNMARRIED TOPAZ, CA 96133	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address Check box if this address
	differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number) (530) 495 - 2727	court. THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or G. Per number by which creditor identifies debtor	Check here or a previously filed claim dated 12/08/06 a previously filed claim dated 12/08/06
1 BASIS FOR CLAIM Retiree	benefits as defined in 11 U S C § 1114(a) Unremitted principal
	salanes, and compensation (fill out below)
	r digits of your SS # (not for loan balances)
Money loaned Other (describe briefly) Unpaid	compensation for services performed from to(date) (date)
	COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best described to the company of the company	ribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ 5 BA, 148, 81 Check this box if a) there is no collateral or lien securing your claim or b) your claim	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority	a nght of setoff) Bnef description of collateral
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is	_
entrilled to priority Amount entrilled to priority \$	Value of Collateral \$ UNKNOWN
Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 1380.27
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family or household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U S C § 507(a) () * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
	with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 584, 148 8(\$ 584, 1	•
(unsecured)	(secured) (Total) I amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , s running accounts contracts court judgments mortgages security agreemen DOCUMENTS If the documents are not available explain. If the documents	its and evidence of perfection of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing for each person or entity (including individuals, partnerships, corporation	ng Pacific time, on November 13, 2006 USE ONLY
governmental units) BY MAIL TO BY HAND	OR OVERNIGHT DELIVERY TO
BMC Group BMC Gro	
P O Box 911 1330 Eas	st Franklin Avenue FILED JAN 11 2007
El Segundo CA 90245-0911 El Segundo DATE SIGN and print the name and title if any of the creditor of	ndo CA 90245
this claym (attach copy of power of attorney if any)	

FORM B10 (Official Form 10) (10/05)

UNITED STALLS BANKRUPT	1 /	D	ISTRICT	OF M	lovada	······································	<u> </u>
Name of Debtor				<u> </u>	evaua		PROOF OF CLAIM
45A Commercial 1	Mortgage Compou		e Number	07	25-LBR	,	
NOTE This form should not be us	sed to make a claim for an admin	formatius a				ont	
paying	on or an administrative expense in	nay be filed	1 pursuant	to 11	USC \$ 503	CIA	
Name of Creditor (The person or of dubtor owes money or property)	0 1 1 11 -		eck box if	уоц а	re aware that anyon	ne	
Michele Nevins, no 95 jo nt tenants W.	isband and wite	yo	e nas med ur claim	a proc Attach	of of claim relating	to	
95 10 nt tenants W	th right of survivoshi	gıv	ing partici	ılars			
Name and address where notices s	hould be sent		eck box if	you ha	ave never received	any	
Richard Neins 1547 Bob 600/by La El Paso, TX 1993 Telephone number (915) 59	20.0	Cas	e		nkruptcy court in		
El P450, TX - 1993	5	Ch	eck box if	the ad	dress differs from t	the	
Telephone number (9/5) 59	3-0/19	the	court.	e enve	lope sent to you by	'	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other identifies debtor-	number by which creditor	1	eck here	rep	laces		
		ıft	nis claim	an	nends a previously	y filed c	claim dated
1 Basis for Claim			Re	tiree t	enefits as defined	I in III	JSC § 1114(a)
Goods sold Services performed			\square W	ages s	salaries and comp	ensatio	n (fill out below)
			Ur	st rou	r digits of your SS compensation for	service	e performed
Personal injury/wrongf			_	m		501 VICC	s perrorriled
Taxes See Ex	h.b.t A				(date)	10	(date)
2. Date debt was incurred	Vovember 2003	3.	1£				()
					ment, date obtai		
4 Classification of Claim Check See reverse side for important ex	the appropriate box or boxes the	at best des	cribe vour	claim	and state the amo	unt of a	ho along at the same
See reverse side for important ex	planations		Secure			unt of t	he claim at the time case filed.
Unsecured Nonpriority Claim	\$ 1,379,311.80		I				
b) your claim exceeds the value of only part of your claim is entitled t	to collateral or lien securing your the property securing it, or if c) is priority.	claim or ione or	a right	heck to	his box if your clai off)	ım ıs sec	cured by collateral (including
Unsecured Priority Claim	o priority		В	nef D	escription of Colla	iteral	
			<u> </u>	Real	Estate Mot	or Vehi	cle Other
entitled to priority	unsecured claim all or part of wi	hich is			f Collateral \$ 6		
Amount entitled to priority \$			Amoun secured	t of arr	rearage and other of if any \$ 24,	harges <u>:</u> 3 <i>79</i>	at time case filed included in
Specify the priority of the claim							
Г	nder 11 USC § 507(a)(1)(A) or	Ц	Op to \$2.2 Or service:	225° o s for p	of deposits toward ersonal family or	purchas	e, lease or rental of property old use - 11 U S C
(a)(1)(B)	idel 11 U 3 C 9 50/(a)(1)(A) or		8 Jouran	()			I
Wages salaries or commissions	(up to \$10 000),* earned within	180 📙	Taxes or p	enaltie	es owed to governi	mental ı	ınıts - 11 U S C § 507(a)(8)
days before filing of the bankruptcy pusiness whichever is earlier - 11 U	petition or cessation of the debtor S C \(\delta 507(a)(4)	rs 🔲 🗋	Other - Sp	ecify a	applicable paragra	ph of 1	USC § 507(a)()
	penefit plan - 11 USC § 507(a)(ounts are , with respe	subjec. ct to c	t to adjustment on	4/1/07	and every 3 years thereafter
Total Amount of Claim at 7						n or ası	er the date of adjustment
The state of the s			3 99.3°		1,399,379 8	<u> </u>	1,399,379 81
Check this box if claim includes interest or additional charges.	interest or other charges in addit	tion to the	principal	amour	(secured) It of the claim At	prion) tach itei	ty) (Total)
. Credits The amount of all na	ivments on this claim has been						table statement of all
	syments on this claim has been co					This S	SPACE IS FOR COURT USE ONLY
Supporting Documents Attac	h copies of supporting documen	ts. such as	nromisso	rv not	es nurahaan	Ì	
agreements and evidence of perfidocuments are not available expli					TS If the	- 11 mg	D IAN 1 1 2007
Date-Stamped Copy To receiv	e an acknowledgment of the si-		- Y			HLL	D JAN 1 1 200
	as proof of claim				1		
ate Sign and print	the name and title if any of the	creditor o	r other ne	rson a	uthorized to		
le this claim	(attach copy of power of attorne	y, if any)	ро	· oon a	SERVITZEU (O		
17/07 1/1/2	Meeun	0.		n	,		1104 0110
Pera & for meser iro & com	- Cum	1,CL	1910	10	evins		USA CMC
Pera " for weser tre Junanes was	3 rine of up to \$500,000 or 13	aprasonmen	t fer up to	5 ea	us c-both 18 L S	S (1072502026

Case 06-10725-gwz Doc 8552	1		14:25 Pa(<u>ge 11 of 11 </u>
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Nu	ımber	Schedule/Claım II	D s30995
USA Commercial Mortgage Company	06-10	725-LBR	Amount/Classifica	ation
OSA Commercial Mortgage Company	00-10/	723-LDN	\$631 36 Unsecur	ed
NOTE See Reverse for List of Debtors and Case Numbers		1	- 2.15 10h	sewhen-coultedal
This form should not be used to make a claim for an administrative ex		Check box if you are	242,440	•
arising after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	scheduled by the D	cted above constitute your claim as Debtor or pursuant to a filed claim If
129244900	000308	I		amounts set forth herein and have no the Debtor you do not need to file
NEWBY 1984 FAMILY		Check box if you have never received any notices		EXCEPT as stated below
TRUST DATED 3/19/84 C/O C E NEWBY & CAROLE NEWBY TRUSTEES		from the bankruptcy court or BMC Group in this case		own above are listed as Contingent, Disputed, a proof of claim must be
5209 ELM GROVE DR		Check box if this address	filed	hapated, a proof of claim must be
LAS VEGAS, NV 89130 3669		differs from the address on the		eady filed a proof of claim with the
Creditor Telephone Number ()		envelope sent to you by the court		or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies	debtor	rople		Z 10 1 OII OOOIII OOL OIIL
,		Check here repla	 a previously 	/ filed claim dated
1 BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries, and compensation	(fill out below)	Other claims against service
Services performed Taxes		r digits of your SS #		(not for loan balances)
Money loaned	Unpaid of	compensation for services pe	erformed from	to
2 DATE DEBT WAS INCURRED 2 11 100 MYROUNT	e la IEC	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$			our claim is secu	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e Dother
entitled to priority		Value of Collateral	\$ <u>_Su</u>	0,000
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$ <u> </u>	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toware services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	Г	Taxes or penalties owed to go		• (,,,,
business whichever is earlier 11 U S C § 507(a)(4)		Other Specify applicable para		- ''''
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adjus		
5 TOTAL AMOUNT OF CLAIM \$	700	with respect to cases comments, ucc \$	ced on or after the t	\$
AT TIME CASE FILED (unsecured)		secured)	(pnority)	(Total)
Check this box if claim includes interest or other charges in addition to the	-	•		
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security	<i>uments,</i> su	uch as promissory notes pur	chase orders, inv	voices itemized statements of
DOCUMENTS If the documents are not available explain. If the	documents	s are voluminous, attach a si	immary	OT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	your claim enclose a stampe	ed self addresse	d envelope and copy of this
The original of this completed proof of claim form must be ser	nt by mail	or hand delivered (FAYES	NOT	USA CMC -
ACCEPTED)	it by mem	of Halld delivered (PAXES	101	1072502487
BY MAIL TO BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO)	[
Attn USACM Claims Docketing Center	BMC Gro	nup ACM Claims Docketing Cente	r FILE	D JUN 0 4 2007
P O Box 911 El Segundo, CA 90245 0911	1330 Eas	t Franklin Avenue do CA 90245	₹ 6 Eras la	and the time the all high telephology and the second telephology and telephology are telephology and telephology are telephology and telephology and telephology and telephology and telephology are telephology and telephology are telephology and telephology and telephology and telephology an
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or	other person authorized to file	1	,
5/31/07 Cheve Neurst Trustee	Ca	role Jo Pou	by tree	slee!
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonmen	t for up to 5	years or both 18 USC §§ 15	2-AND 3571	